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and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	In Hwan Yeo
Title	Medical Phantom, Holder and Method
Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	23240-RA

I hereby appoint:			٦			
Practitioners associated with the Customer Number:	30184					
OR	<u></u>]			
Practitioner(s) named below:						
Name		Registration Nur	nber			
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as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to trans	act all business in the	he United States Patent and			
Please recognize or change the correspondence address for the address associated with the above-mentioned Company of the address associated with the address associated w		on to:				
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City	State		Zip			
Country Telephone	Fax					
Lam the:	rax					
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form						
SIGNATURE of	Applicant or Assignee of R	Record				
Name Chris C.K. Wang						
Signature CQ (in in)						
Date 4/30/2004		Telephone				
NOTE: Signatures of all the inventors or assignees of record of the ent forms if more than one signature is required, see below*.	ire interest or their representative	(s) are required. Subm	it multiple			
*Total of forms are submitted.			-			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OR	- <u> </u>		_]		
Practitioner(s) named below:					
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as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to trai	nsact all business in f	he United States Patent and		
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Country					
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFF					
Statement under 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96)				
,	Applicant or Assignee of	Record	<u> </u>		
Name Sandra Mcintosh	n				
Signature Nawow Mc Julion					
Date 5504		Telephone 70	6-425-0778		
NOTE: Signatures of all the inventors or assignees of record of the enti- forms if more than one signature is required, see below*.	ire interest or their representati	ve(s) are required. Subm	nit multiple		
*Total of forms are submitted.					

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Application Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	In Hwan Yeo
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Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	23240-RA

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✓ Prac	titioners associated v	with the Customer Number:		30184		
OR						
Prac	titioner(s) named bel	ow:				
		Name			Registration N	umber
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	attorney(s) or agent(s Office connected the		identified above	e, and to trans	sact all business in	the United States Patent and
Please reco	ognize or change the	correspondence address for t	the above-ident	tified application	on to:	
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	oplicant/Inventor.					
As St	ssignee of record of t latement under 37 Ci	he entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. <i>PTO/SB/</i> 96)			
		SIGNATURE of		Assignee of F	Record	
Name	In Hwan Yeo					
Signature	Juli	in so				
Date	Man o	7,2004			Telephone 4	705-780-0216
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
✓ *Tota	al of	forms are submitted.				

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	Not yet assigned			
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	First Named Inventor	In Hwan Yeo			
	Title	Medical Phantom, Holder and Method			
	Art Unit	Not yet assigned			
	Examiner Name	Not yet assigned			
	Attorney Docket Number	23240-RA			

I hereby appoint:					
Practitioners associated with the Customer Number:	30184				
OR					
Practitioner(s) named below:					
Name	Re	gistration Number			
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	dentified above, and to transact all	business in the United States Patent and			
Please recognize or change the correspondence address for t	he above-identified application to:				
The address associated with the above-mentioned C	ustomer Number:				
OR					
The address associated with Customer Number:					
OR					
Firm or Individual Name					
Address					
Address	I State I	7:0			
City	State	Zip			
Telephone	Fax				
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form	3.71. PTO/SB/96)				
	Applicant or Assignee of Record				
Name Akbar Beiki-Ardakani					
Signature A. Barbi					
Date May 12, 20 4	Tele	ephone 9.5763 1920			
NOTE: Signatures of all the inventors or assignees of record of the enti- torms if more than one signature is required, see below*.	re interest or their representative(s) are	required. Submit multiple			
*Total of forms are submitted.					

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23240-RA

COMPLETE IF KNOWN

In Hwan Yeo

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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

Declaration	Declaration	Filing Date					
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit					
Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
As the below named inventor, I here	eby declare that:						
My residence, mailing address, and ci	tizenship are as stated belov	v next to my name.					
I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for which	th a patent is sough	nt on the invention entitled:			
MEDICAL PHANTOM, HOLDER AND METHOD OF USE THEREOF							
	(Title of the In	vention)	· · · ·				
the specification of which							
is attached hereto							
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).			
I hereby state that I have reviewed and any amendment specifically referred to		the above identified specif	fication, including the	he claims, as amended by			
I acknowledge the duty to disclose info applications, material information which international filing date of the continual	h became available between						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional foreign application au	mhers are listed on a sumple						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

Direct all correspondence to: Customer Num or Bar Code L	OR Cor	respondence address below				
Name						
Address	· <u>-</u> -,					
City		State		ZIP		
Country	Telephone			Fax		
I hereby declare that all statements made herein of m are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon.	nents were made wit n, under 18 U.S.C. 1	th the know	wledge that willful false	statements and the like so		
NAME OF SOLE OR FIRST INVENTOR:	A petition I	nas beer	n filed for this unsig	ned inventor		
Given Name IN HWAN (first and middle [if any])		Family or Surn				
Inventor's Signature May, 07, 2004 Date						
ONTARIO RICHMOND HILL Residence: City	CANADA State ON TAN		CANADA Country	KOREA Citizenship		
26 Leno Mills Avenue, Richt	nond Hill	•		<u>* </u>		
Mailing Address	•					
Ontario RICHMOND HILL	Canada State ONTA	RIO	L4S1J6	USA CANAPA		
NAME OF SECOND INVENTOR:	A petition ha	is been f	filed for this unsigne	 		
Given Name (first and middle [if any])	=	Family I				
Inventor's Signature				Date		
Residence: City	State		Country	Citizenship		
Mailing Address						
City	State		ZIP	Country		
Additional inventors are being named on the	_supplemental Additi	onal Inven	ntor(s) sheet(s) PTO/SB	/02A attached hereto.		

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23240-RA

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In Hwan Yeo

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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

Declaration	Declaration	Filing Date					
Submitted OR	Submitted after Initial	Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)		Examiner Name	Examiner Name				
As the below named inventor, I here	eby declare that:						
My residence, mailing address, and cit	tizenship are as stated belov	w next to my name.					
I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for whic	h a patent is sough	ht on the invention entitled:			
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MEDICAL PHA	NTOM, HOLDER A	AND METHOD OF	USE THER	EOF			
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the specification of which	(Title of the In	venuon) :					
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is attached hereto			-X-				
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was filed on (MM/DD/YYYY)		as United States Ap	oplication Number	or PCT International			
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Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).			
I hereby state that I have reviewed and any amendment specifically referred to	I understand the contents of above.	the above identified specif	ication, including t	he claims, as amended by			
I acknowledge the duty to disclose info							
applications, material information which international filing date of the continuat	n became available between ion-in-part application.	the filing date of the prior	application and the	e national or PCT			
I hereby claim foreign priority benefits	under 35 U.S.C. 119(a)-(d)	or (f), or 365(b) of any fore	ign application(s) t	for patent, inventor's or plant			
breeder's rights certificate(s), or 365(a States of America, listed below and ha	ave also identified below, by	checking the box, any for	reign application for	or patent, inventor's or plant			
breeder's rights certificate(s), or any ficlaimed.	PCT international application	n having a filing date befo	ore that of the app	plication on which priority is			
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Copy Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO			
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

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I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or bo validity of the application or any patent issued thereo	ments th, un	were made wit	h the kn	owledge	e that	willful 1	false :	statements and the like so
NAME OF SOLE OR FIRST INVENTOR:		A petition h	as bee	en filed	l for t	his ur	sign	ed inventor
Given Name Sandra Given Name Family Name or Surname								
Inventor's Signature Sandra Mattach 5/5/04					5/5/04 Date			
Athens Residence: City		Georgia State		US.				USA Citizenship
110 Rossiter Court		Otate		Count	<u>y</u>			Ottzenemp
Mailing Address				I	006			
Athens city		Georgia state		ZiP	306	06		USA Country
NAME OF SECOND INVENTOR:		A petition ha	s been	filed f	or thi	s uns	igne	
Given Name (first and middle [if any])			Family or Sun					
Inventor's Signature Date					Date			
Residence: City		State	<u> </u>	Count	try			Citizenship
Mailing Address								
City		State		ZIP				Country
Additional inventors are being named on the	sup	plemental Additi	onal Inve	entor(s)	sheet(s) PTC)/SB/0	02A attached hereto.

DECLARATION FOR UTILITY OR	Attorney Docket Numb	er 23240-RA						
DESIGN	First Named Inventor	In Hwan Yeo						
PATENT APPLICATION	COMPLET	E IF KNOWN						
(37 CFR 1.63)	Application Number							
Declaration Declaration	Filing Date							
Submitted OR Submitted after Initial	Art Unit							
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name							
As the below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MEDICAL PHANTOM, HOLDER AND METHOD OF USE THEREOF								
(Title of the Inv	vention)							
the specification of which is attached hereto								
was filed on (MM/DD/YYYY)	as United States App	lication Number or PCT International						
Application Number and was amended	d on (MM/DD/YYYY)	(if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to applications, material information which became available between international filing date of the continuation-in-part application.	the filing date of the prior ap	plication and the national or PCT						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of breeder's rights certificate(s), or 365(a) of any PCT international a States of America, listed below and have also identified below, by breeder's rights certificate(s), or any PCT international application	application which designated checking the box, any fore	at least one country other than the United						

claimed. **Prior Foreign Application** Foreign Filing Date **Priority Certified Copy Attached?** Country Number(s) (MM/DD/YYYY) **Not Claimed** YES NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Direct all correspondence to: Customer Nu or Bar Code	30	30184 OR Co			Corre	rrespondence address below		
Name							,	
Address								
City								ZIP
Country	Telep	ohone						Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:		A petition h	nas bee	n filed	for t	his ur	nsign	ed inventor
Given Name Chris C.K. (first and middle [if any]) Wang Family Name or Surname								
Inventor's CL CL Signature							4/30 100 4 Date	
Chamblee		Georgia	USA					USA
Residence: City State Country Citizenship 3480 Evens Ridge Drive								
Mailing Address				T				
Chamblee		Georgia		30341			USA	
City State ZIP Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							<u> </u>	
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature Date					Date			
Residence: City		State		Coun	try			Citizenship
Mailing Address								
City		State		ZIP				Country
Additional inventors are being named on the	sup		onal Inve		sheet(s) PTC	D/SB/0	D2A attached hereto.

DECLARATION FOR LITH ITY OR	Attorney Docket Num	ber	23240-RA			
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor		In Hwan Yeo			
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
Declaration Submitted With Initial Declaration Submitted after Initial Filing (surcharge	Filing Date					
	Art Unit					
Filing (37 CFR 1.16 (e)) required)	Examiner Name					

As the below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
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MEDICAL PHANTOM, HOLDER AND METHOD OF USE THEREOF									
	(Title of the I	nvention)							
the specification of which	6		• •						
is attached hereto									
OR C									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by									
any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
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[Page 1 of 2]

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR :		A petition h	as bee	n filed	for t	his u	nsigr	ned inventor	
Given Name Akbar (first and middle [if any]) Beiki-Ardak Family Name or Surname					daka	ani			
Inventor's A. Berlin Signature May 12, 2064 Date									
Ontario Residence: City Thornhill	Th = x n \			ARIO CANADA			A	Canada Citizenship	
26 Lone Mills Avenue, Richmond Hill Mailing Address 47 Aberfeld y Cres									
		Ganada State ON		L3T4C1		1	CANADA COUNTRY		
NAME OF SECOND INVENTOR:		A petition ha	s been	filed f	or thi	s uns	signe	d inventor	
Given Name (first and middle [if any]) Family Nam or Surname									
Inventor's Signature							Date		
Residence: City	State			Country .			Citizenship		
Mailing Address									
City		State		ZIP				Country	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									